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CLAIMS ONLY							Application Number 101605 976	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
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14						64		
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39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep						Total Indep		
Total Depend						Total Depend		
Total Claims						Total Claims		

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO 107602970	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
101												
102												
103												
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142		1										
143		1										
144		1										
145		1										
146		1										
147		1										
148		1										
149		1										
150		1										
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

4

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